09/ 9989R

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

		CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY			OTHER THAN		
	T	TOTAL CLAIMS		7		(Colonin 2)		1	TYPE E	 T	OR T				
	F	OR .	NUMBER FILED		NUMBER EXTRA		1	BASIC FEE	FEE 370.00	-	RATE	FEE			
	TO	OTAL CHARGE	<del></del>		*		1		370.00	OR	BASIC FEE	740.00			
	$\vdash$	<del></del>	minus 20=		*			X\$ 9=		OR	X\$18=				
	INDEPENDENT CLAIMS  MULTIPLE DEPENDENT CLAIM P			minus 3 =					X42=		OR	X84=			
	MOCTIFEE DEPENDENT CLAIM P			RESENT					+140=		OR	+280=			
	* {{	the difference	e in column 1 is	ess than zero, enter		"0" in column 2			TOTAL		OR	TOTAL			
	2	00 210	LAIMS AS A	MENDE	- PAR	T II			. •	L	10H	OTHER	THAN		
	<u>)</u>	0610H	(Column 1) CLAIMS		(Colur		(Column 3)	<u> </u>	SMALL	ENTITY	OR	SMALL			
	<b>AMENDMENT A</b>		REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
せ		Total	*	Minus	**		=		X\$ 9=		OR	X\$18=			
	MA	Independent	PRESENTATION OF MULTI		TIPLE DEPENDENT		<u> -</u>		X42=		OR	X84=			
	<u> </u>	1		JETH EE DEF	CIVOCIVI	CLANVI		, [	+140=		OR	+280=			
	9.3.04 (Column 1)								TOTAL			TOTAL			
NO.				(Colum		nn 2) (Column 3)			ADDIT. FEE		<b>,</b>	ADDIT, FEE			
SILA CANA	ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
<b>S</b>	AMENOMENT	Total		Minus	**		=		X\$ 9=		OR	X\$18=			
	AM	Independent	NTATION OF ML	Minus	ENDENT	CL AIRA	=		X42=		OR	X84=			
4	<u> </u>		The state of the	, C. W. C.C. D.C.	LNDCITI	ODAIN!		<b>,</b> [	+140=		OR	+280=			
									TOTAL DDIT, FEE		OR .	YOTAL			
		_	(Column 1)		_(Colum		n 2) (Column 3)		DUII. PEE E		, ,	DDIT. FEE			
	AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ST IER USLY	PRESENT EXTRA			ADDI- TIONAL FEE	ſ	RATE	ADDI- TIONAL FEE		
	NDN	Total	<b>*</b> 1	Minus	**		3		X\$ 9=		OR	X\$18=			
	4ME	Independent	*	Minus	***		=	<b> </b>	X42=		I	X84=			
		FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM		-			OR				
	• [	t the entry in colu	mn 1 is less than th	e entry in colur	nn 2, write '	"O" in col:	ımn 3.	L	+140=		OR	+280=			
	**	f the "Highest Nu	mber Previously Pa	id For" IN THIS	SPACE is	less than	20, enter "20."	A[	TOTAL DDIT. FEE		OR A	TOTAL DDIT. FEE			
	7	***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE  ADDIT. FEE													